Healthy Schools, Healthy Communities

Volume 1, I ssue 2 Fall 2000

New Reporting Requirements

A Notice of Grant Award (NGA) was sent out indicating the approved funding amount for fiscal year 2001. The NGA also describes any special conditions/restrictions or action items which may need to be resolved.

You should have also received a format for reporting your HSHC data. This format should reflect a more complete and detailed profile of the scope and nature of your school health services. In addition, bi-annual project updates reporting will be required. Some projects will be required to continue to submit reports on the quarterly basis. Your Project Officer will be contacting you on specific reporting requirements.

Contents



Center for School-Based Health

Medicaid Reimbursement Survey

In June 2000, the National Assembly on School-Based Health Care (NASBHC) prepared a report which assessed the role Medicaid revenue plays in supporting school-based health care operations. Two surveys were conducted of: 1) the National Assembly's fourteen state school-based health care associations and, 2) school-based health care providers.

The survey topics were:

- Revenue Recovery in School-Based Health Care
- State SBHC Chapter Efforts to Increase Medicaid Support
- Strategies to Improve Billing and Collection

To get a copy of the report, or for more information contact the NASBHC at (202) 638-5872.

Health and Human Services Career Academy

In 1991, a Memorandum of Understanding was signed between the Department of Health and Human Services (DHHS). DC Public Schools. and DC Government to establish the Health and Human Services Academy (HHSA) at Eastern Senior High School in Washington, DC. The mission of this "school within a school" is to emphasize high school graduation and to prepare its students for college, vocational training or their transition into the health and human services industry. DHHS has provided program support in such enrichments as an Internship/Mentoring Program, speakers, field trips, curriculum/faculty development, and by actively working with outside partners to support the Academy. HHSA offers a unique opportunity to recruit and retain future health care professionals and to address the Nation's emerging public health needs. It is the plan of the CSBH to establish a network of health career academies in schools around the country.

For more information, please contact Mary Tom at (301) 594-0820 or email: mtom@hrsa.gov

Welcome Aboard!

The CSBH congratulates 12 new school-based health centers to the HSHC family. They are:

Sunset Park Family Health Center Network
WHWHIMHC, Inc.
Bronx Community Health Network
Urban Health Plan, Inc.
Rush-Presbyterian-St Luke's Medical Center
William F. Ryan Community Health Center
LA Clinica de Familia, Inc.
Lynn Community Health, Inc.
Indiana University/Shalom Health Center/Eagledale
Morton Hospital and Medical Center
St. Joseph's Hospital
Family Health & Social Corporation

Brooklyn, New York
New York, New York
Bronx, New York
Bronx, New York
Chicago, Illinois
New York, New York
Las Cruces, New Mexico
Lynn, Massachusetts
Indianapolis, Indiana
Taunton, Massachusetts
Yonkers, New York
Worcester, Massachusetts

To see the entire list of grantees go to www.bphc.hrsa.gov and click on "Programs".

Development of National Guidelines to Promote Student Health and Safety

Health and education professionals nationwide are coming together to assemble the pieces that schools and communities need for health services and programs, health education, and healthy and safe environments.

A coalition of seventeen national organizations has assembled to lead the development of this comprehensive reference document. The project will result in guidelines and recommendations on many aspects of health, mental health and safety for students and staff enrolled and working in elementary, middle/junior and high schools in the United States.

When completed, the compendium will provide needed guidance and uniform answers to straightforward questions and more complicated issues:

- What are some steps we can take to keep our schools and children safe?
- What are the best practices for administering medication to students?
- How should issues of confidentiality and parental consent be handled in school-based health centers?
- How should schools handle issues arising from children with special health care needs, from transportation to "do-not-resuscitate" orders?

Hundreds of health and education professionals are being asked to help draft and review these important guidelines. The process of reviewing the drafts will begin in mid-2000.

To participate or for more information contact Lydia Bologna at (847) 981-4980 or by email: hmhss@aap.org.

Strategic Planning

The Center for School-Based Health (CSBH) is committed to the mission of 100% access and 0 health disparities. No child, regardless of race, ethnicity, gender or socio-economic status should have poor health outcomes or lack access to affordable, comprehensive, quality primary and preventive health care.

Along with the Bureau of Primary Health Care's strategic plan, the CSBH will embrace a major change in program philosophy, while considering the substantial shifts in the way health care is financed and delivered. The far-reaching goal of 100% access and 0 health disparities will be accomplished through four objectives:

1) strengthening of the safety net; 2) creating new access through community development, expansion and partnerships; 3) mobilizing a workforce to meet the increasing needs of its populations; and, 4) adhering to excellence in practice.

The CSBH recognizes how crucial it is that we are able to demonstrate the effectiveness, performance and clinical outcomes of school-based health centers and the critical role they play in the delivery of health care to children and adolescents. As we move into the new fiscal year, the CSBH will focus it's plan for change on our most valuable resource... our children.

Call for Abstracts

The Center for School-Based Health in conjunction with the National Assembly on School-Based Health Care will be hosting the Annual Grantee Meeting on June 25-27, 2001 in Miami, Florida. If you are interested in submitting a workshop proposal or poster abstract, please do so by October 1, 2000. For more information please go to www.nasbhc.org/Abstract2001.asp.

For more information please go to www.nasbhc.org.Abstract2001.asp or call $(202) 638-5872 \times 201$.

Project Officers and Staff Indoor Air Quality Tools for Schools:

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Indoor Air Quality Tools for Schools: Managing Asthma in the School Environment

Many indoor air quality problems in schools can impact the health of students and staff, including those with asthma. Some of the indoor air quality problems include: chemical pollutants from science and art classes, improperly maintained or operated ventilation systems, and allergens from classroom animals, cockroaches or pests. Mold growth may result from chronically leaky roofs, standing water in maintenance rooms and near piping or from excess moisture in ceiling tiles, carpets and other furnishings. Also, outdoor air pollutants and pollens may enter the school through ventilation systems and/or open doors and windows.

In order to help improve indoor air quality problems in school building, the Environmental Protection Agency (EPA) developed the *Indoor Air Quality Tools for Schools Action Kit*. This kit helps school personnel identify, solve and prevent indoor air quality problems in the school environment. Through the use of a 19-step management plan and checklists for the entire building, schools can also lower their students and staffs risk of exposure to asthma triggers. The checklists cover the building's ventilation system, maintenance procedures, classrooms and food service areas. Also, there is a health professional/school nurse checklist included in the kit to help link health concerns with IAQ problems.

For more information on the *IAQ Tools for Schools* program, or to receive a kit, please call IAQ INFO at 1-800-438-4318. The entire *IAQ Tools for Schools Kit* can also be downloaded from EPA's web site www.epa.gov/iaq/schools.

School Health Model That Works: Going Beyond the School Nurse

While the concept of a School Wellness Center has been around since the early 1990's, a learning community for these innovative and comprehensive service delivery programs has only recently emerged. Located on Maryland's Eastern Shore, Caroline County has been one of the more notable leaders and an early pioneer in the promotion of these school-based facilities.

Caroline County and its surrounding areas have been designated as a Medically Underserved Area and Health Professional Shortage Area by the Public Health Service (PHS). It ranks as one of the worst among counties in the State for most measurements of child health and has a substantial migrant population (mostly Haitian and Guatemalan) who tend to not have ready access to the more traditional primary care service providers. As an example of the county's challenges, a recent study revealed that approximately one-third of the children examined in the area had above-level lead rates.

According to nurse-practitioner, Timothy Landers, School Wellness Center Coordinator for the county, the impetus for their current program was "a failed attempt in 1993 to obtain Robert Wood Johnson Foundation funds." Recognizing that "students need to have their health problems addressed before they can learn" the Superintendent of Schools unilaterally began his own pilot study, and, in 1994, established a Wellness Advisory Team to address this need. The county's health department, as well as the University of Maryland's School of Nursing and Landers employer (Choptank Community Health System, Inc., a leading network of community health centers) quickly came on board and joined the effort. By the mid 1990's, several Wellness Centers were opened in the county's middle schools.

Unlike school nurse offices, Wellness Centers are able to provide more comprehensive basic services including routine well care and check ups, sick care, prescription administration, sports physicals, etc. Wellness Centers are also able to support testing, ongoing monitoring and treatment for health problems such as diabetes, asthma and learning disabilities. All services are in close consultation with a student's primary care provider and there are no costs to the family (private insurance, public health care cover-

age or public/private contributions offset costs). In 1999, Caroline County's Wellness Center Program received an expansion grant from HRSA's Bureau of Primary Health Care. Landers notes that while the Wellness Center Program was already well underway, these new funds served as "a welcome catalyst for further empowering the community." With this recent grant, the program will be expanded to include five elementary schools. The program is also exploring opportunities in expanding their coverage to include mental and dental services and, perhaps, a high school, which provides a number of new challenges (e.g., reproductive services).

For communities just beginning to implement or consider implementing a School Wellness Center Program, Landers recommends the following:

- County Wellness Program was fortunate to have a significant planning process. While communities may be tempted to shortchange this step, Landers notes that planning efforts are crucial for developing a community needs assessment, building lasting relationships with community partners and developing a clear and focused mission statement which essentially will drive the program.
- Æ Enroll and maintain relationships with partners From it's inception, the Caroline Wellness Center Program has been guided by an advisory board composed of local medical and mental health professionals, school officials, community leaders, parents and students. Landers emphasized that community support has been one of the main strengths of the program.
- ✓ Include outreach and promotional efforts

 The Wellness Conters have aimed to be a

— The Wellness Centers have aimed to be a visible program in the county, and has used public forums (e.g., PTA meetings), the press, and promotional/information materials to maintain their strong community support and provide information to parents on new services available.

For additional information regarding Caroline County's Wellness Center Program, please contact the Choptank Community Health Center at (410) 479-4306.

National Depression Screening Day

The teen years are marked by a roller-coaster ride of emotions, difficult for teens, their parents, and educators. It's easy to misread depression as normal adolescent turmoil.

Screening For Mental Health (formerly, the National Mental Illness Screening Project) developed the model for community-based depression screening and education over ten years ago. For the 10th Annual National Depression Screening Day (October 5) a new depression screening program specifically designed for high school students and a new suicide prevention technique - SOS: Signs of Suicide has been introduced.

The goals of the program are to:

- help teens understand that depression is a treatable illness;
- explain that suicide is preventable and often occurs as a result of unreated depression;
- provide students training in how to identify serious depression or potential suicidality in a friend; and,
- impress upon students that they are in the best position to prevent a friend's suicide by taking the simple step of telling a responsible adult about their concern.

The program works by providing schools with:

- individual depression screening forms for students;
- a suicide prevention training video with talking points;
- educational literature and ancillary materials for students that reinforce the program's messages;
- educational materials for parents and teachers; and,
- community resources where volunteer mental health professionals can be contacted to help implement the program.

For more information or to receive a training kit contact Screening for Mental Health at (781) 239-0071 or go to: www.mentalhealthscreening.org

Visit the revised HSHC website at www.bphc.hrsa.gov and click on "Programs".



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Vational Society of Dentistry for Children Annual Meetin	.25-29 ing
74th Annual ASHA School Health Conference New Orleans, Louisiana	.25-29
PCER Visits Great Brook Valley Health Center • New England Medical Choptank CHC • CHC Middletown • United CHC, Inc. Cherry Street Services • St. Helene CHC	l Center
October	
Annual Data Report Due	08.
Conference on Advancing School-Based Mental Health	

Movember
PCER Visits
Morris Heights Health Center
Ambulatory Care NE Corporation
Hildago Co. Health Care Corporation
Massachusetts
Boston, Massachusetts
Mational Conference for Nurse Practitioners

Washington, DC15-18

Calendar of Events

PCER Visits

September

Wilmington Health Access • New River Health Association

HSHC Bulletin

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